

Today's Month and Year (MM/YYYY): ____ / ____

Facility ID: _____

Core Model Checklist

Maternity Homes Alliance

Instructions: This assessment should be performed **monthly** at the Maternity Waiting Home (MWH) by project staff through observations and conversations with MWH and health facility staff. The data calendar month and year should be for the day you observe the MWH. Tick the correct response based on your observations and discussions. Provide any further comments when appropriate.

Province: _____

District: _____

Health Facility Name: _____

Health Facility ID:

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Date of interview:

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Data Collector Name: _____

Section I:

| Question | Response | Comments |
|--|---|---|
| SS1. Does this site have a designated space for waiting mothers? <i>Probe: ask if pregnant mothers come to wait at the health facility before delivering and then where do they wait.</i> | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (0), do not proceed but please elaborate here: |
| SS2. If yes, what is this space: | <input type="radio"/> A MAHMAZ Maternity Waiting Home (1) <input type="radio"/> An existing shelter (2) <input type="radio"/> A relatives structure (3) <input type="radio"/> An alternative structure (4) <input type="radio"/> A ward (5) <input type="radio"/> Other (6) (specify): | |
| SS3. Do women currently use this space as they wait for delivery? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Instructions: Ask to see the MWH register. Find out when the last woman reported to the MWH then | | |

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| <i>check and see if she was entered into the MWH register</i> | | |
| Was the last woman who reported to the MWH registered into the register? | <input type="radio"/> Yes (1) | |
| | <input type="radio"/> No (0) | |

Section II:

| Question | Response | Comment |
|--|--|--------------------|
| 1. Today's Date (dd/mm/yyyy) | ____/____/____ (dd) (mm) (yyyy) | |
| Infrastructure, Equipment, & Supplies | | |
| <i>Observe the shelter's structure and interior, its walls, roof, and floor</i> | | |
| 2. Are the walls intact (no major cracks)? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | |
| 2a. What are the walls made of? <i>If more than one material, select the one that is "most" common.</i> | <u>NATURAL WALLS</u> NO WALLS (0) CANE/PALM/TRUNKS (1) MUD (2) <u>RUDIMENTARY WALLS</u> BAMBOO/POLE WITH MUD (3) STONE WITH MUD (4) PLYWOOD (5) CARDBOARD (6) REUSED WOOD (7) <u>FINISHED WALLS</u> CEMENT (8) STONE WITH LIME/CEMENT (9) BRICK (10) CEMENT BLOCKS (11) WOOD PLANKS (12) OTHER (SPECIFY) (13): | |
| 3. Does the roof have any noticeable holes? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | If (96), Skip to 5 |
| 4. Does the roof show any signs of leaking? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| 4a. What is the roof made of? <i>If more than one material, select the one that is "most" common.</i> | <u>NATURAL ROOFING</u> NO ROOF (0) THATCH/PALM LEAF (1) <u>RUDIMENTARY ROOFING</u> RUSTIC MAT (2) PALM/BAMBOO (3) WOOD PLANKS (4) CARDBOARD (5) <u>FINISHED ROOFING</u> METAL/IRON SHEETS (6) WOOD (7) CALAMINE/CEMENT FIBRE (ASBESTOS) (8) CERAMIC/HARVEY TILES (9) | |

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| | CEMENT (10) ROOFING SHINGLES (11) MUD TILES (12) OTHER (SPECIFY) (13): | |
| 5. Are the floors intact (no major cracks)? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | |
| 5a. What are the floors made of? <i>If more than one material, select the one that is "most" common.</i> | <u>NATURAL FLOOR</u> EARTH/SAND (1) DUNG (2) <u>RUDIMENTARY FLOOR</u> WOOD PLANKS (3) PALM/BAMBOO/REEDS (4) <u>FINISHED FLOOR</u> PARQUET/POLISHED WOOD (5) VINYL (PVC) OR ASPHALT STRIPS (6) CERAMIC/TERRAZZO TILES (7) CONCRETE CEMENT (8) CARPET (9) OTHER (SPECIFY) (10): | |
| 6. In general, how clean is the shelter? | <input type="radio"/> Sufficiently clean (1) <input type="radio"/> Clean but needs improvement (2) <input type="radio"/> Not clean (3) | |
| Comments: | | |
| <i>Observe the doors and windows in the shelter. Open and close the doors and windows. Lock and unlock the doors and windows.</i> | | |
| 7. Do all doors used to enter the shelter open and close? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | If (96), Skip to 9 |
| 8. Do all doors used to enter the shelter lock? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| 9. Are all windows intact (in frame and panes unbroken)? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | If (96), Skip to 12 |
| 9a. Do all windows have screens? | <input type="radio"/> All <input type="radio"/> Most <input type="radio"/> Some <input type="radio"/> None | |
| 10. Do all windows open and close? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| 11. Do all windows lock? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Comments: | | |
| <i>Observe the lighting within the shelter. Turn the light source on and off.</i> | | |

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| 12. Did the light turn on? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | If (96) or (0), Skip to 14 |
|--|---|--|
| 13. Is there enough lighting to light two rooms at once? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Comments: | | |
| <i>Observe the beds, bedding, and bed nets</i> | | |
| Question | Response | Comment |
| 14. How many bed frames are there in the shelter (total broken and unbroken)? a. Hospital grade (waist high)? b. Non-hospital grade? | a. _____ b. _____ | If none, Skip to 17a |
| 15. How many bed frames are broken? a. Hospital grade (waist high) b. Non-hospital grade? | a. _____ b. _____ | |
| 16. Does each frame have a mattress on it? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | |
| 17. Does each bed have a mattress under it or nearby? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | If (4) for both 16 and 17, skip to 20 If (1), (2), or (3), skip to 18 |
| 17a. If there are no bed frames, how many mattresses are on the floor (that are owned by the clinic)? <i>If none, write 00.</i> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | If none, skip to 20 |
| 18. Are the mattresses covered in plastic? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | |
| 19. Are clean sheets available for each mattress? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | |
| 20. Are mosquito nets over each mattress? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | If (4), Skip to 22 |
| 21. Are mosquito nets intact (have no holes)? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | |
| Comments: | | |

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| <i>Observe the presence of cabinets and the storage of food</i> | | |
| 22. Are there lockable cupboards accessible to women staying at the shelter? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (0), skip to 25 |
| 23. Is the lock available for each lockable cupboard? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | If (4), skip to 25 |
| 24. Are keys available for all locks on cupboards? | <input type="radio"/> All (1) <input type="radio"/> Most (2) <input type="radio"/> Some (3) <input type="radio"/> None (4) | |
| 25. Is food stored properly (e.g. closed containers, away from pests and water)? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Comments: | | |
| <i>Observe the space within the shelter for postnatal women and newborns to stay.</i> | | |
| 26. Is there a separate space within the shelter for postnatal women and newborns to stay? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Comments: | | |
| <i>Observe the staff room. Staff room must be specifically for the Maternity Waiting Home and not just a general health facility room.</i> | | |
| 27. Is there a functional desk and chair? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> No staff room (2) | If (2), Skip to 24 |
| 28. Is there a functioning lockable cabinet for records? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Comments: | | |
| <i>Observe the water source.</i> | | |
| 29. Is potable water available and accessible? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (0), Skip to 31 |
| 30. Draw water from the source. Can you draw water? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Comments: | | |
| <i>Observe the cooking area and supplies.</i> | | |

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| 31. Is there a designated space for cooking? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (0), skip to 33 |
| 31a. Is the cooking area large enough for 5 women to cook in at one time? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| 31b. In general, is the cooking area being used by the women? <i>Ask the manager or a woman</i> | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (1), skip to 32 |
| 31c. If no, why not? | | |
| 32. Is the cooking area covered? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| 33. Are there functional cooking pots and utensils available? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| Comments: | | |
| <i>Observe the bathing and laundry areas.</i> | | |
| 34. Do mothers have access to a private bathing area? | <input type="radio"/> Yes, a separate area (1) <input type="radio"/> Yes, but bathing from the latrines (2) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | If (0) or (96), Skip to 36 |
| 35. In general, how clean is the bathing area? | <input type="radio"/> Sufficiently clean (1) <input type="radio"/> Clean but needs improvement (2) <input type="radio"/> Not clean (3) | |
| 36. Is there a private area where women can dry their clothes after washing? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | |
| Comments: | | |
| <i>Observe the latrines.</i> | | |
| 37. Does the latrine have ventilation? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | If (96), Skip to 40 |
| 38. In general, how clean is the latrine? | <input type="radio"/> Sufficiently clean (1) <input type="radio"/> Clean but needs improvement (2) <input type="radio"/> Not clean (3) | |
| 39. Is the latrine functional today? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |

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| Comments: | | |
| <i>Observe the grounds around the shelter.</i> | | |
| 40. In general, are the grounds around the shelter clean? | <input type="radio"/> Sufficiently clean (1) <input type="radio"/> Clean but needs improvement (2) <input type="radio"/> Not clean (3) | |
| Comments: | | |
| <i>Observe the IGA activities (tailoring and keyhole garden) – ONLY for Intervention Sites, skip if Control Site</i> | | |
| 41a. Are there any tailors working at this facility? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (0), skip to 41c |
| Comments: | | |
| 41b. What kind of products are being made? <i>Select all that apply.</i> | <input type="radio"/> Sanitary pads (1) <input type="radio"/> Baby clothes (including hats, shawls, socks, etc) (2) <input type="radio"/> Blankets and quilts (3) <input type="radio"/> School uniforms (4) <input type="radio"/> Fabric nappies (5) <input type="radio"/> Mealie meal carryon bags (6) <input type="radio"/> Other (7) Please specify _____ | |
| 41c. How many sewing machines are there total? <i>If none, write 00.</i> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | |
| 41d. How many sewing machines are currently working? How many are broken? <i>If none, write 00.</i> | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Working <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Broken | |
| 41e. Is there a garden for this MWH? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (0), skip to 41 |
| 41f. What type of garden is it? | <input type="radio"/> Keyhole (1) <input type="radio"/> Other (2) Please specify _____ <input type="radio"/> Both (3) | |

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| 41g. Has the garden produced food in the last month? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | If (1), skip to 41 |
| 41h. If no, why not? <i>Ask the manager.</i> | | |
| Section III: Policies, Management, & Finances | | |
| <i>Ask to see the shelter's mission statement, standard operating procedures, and accounting books.</i> | | |
| 42. Does this shelter have a governance committee? | <input type="radio"/> Yes, a committee specific for the MWH (1) <input type="radio"/> Yes, the HF committee governs the MWH as well (2) <input type="radio"/> No (0) | |
| Comments: | | |
| 43. Does the shelter have a manager? <i>There is a person that can be identified as a shelter manager (either paid or volunteer)</i> | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> No position exists (2) | If (0) or (2), skip to 44 |
| Comments: | | |
| 44. Does the manager believe that a job description(s) for managing the shelter exists? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| 45. Is the mission statement easily accessible/visible? <i>Verify by sight</i> | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | |
| 46. Are the standard operating procedures written and available to observe at time of assessment? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | |
| 47. Are the accounting books up to date? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (96) | If (0), skip to 49 |
| 48. Are standard accounting procedures being used? <i>Ask to see the financial management manual (it should be easily accessible), which has the standard accounting procedures defined in there.</i> | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Don't know (97) | |

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| 49. Is there a process/mechanism in place for women to give feedback on their shelter experiences that is separate from the study experience survey? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> Don't know (97) | |
| 50. Please tell me any methods that are in place to learn about your opinions of the shelter. <i>Select all that apply.</i> | <input type="radio"/> Suggestion box (1) <input type="radio"/> Client survey form (separate from this one) (2) <input type="radio"/> Official meeting with community leaders (3) <input type="radio"/> Informal discussion with community (4) <input type="radio"/> Letters (5) <input type="radio"/> Other (6) (specify): _____ | |
| Comments: | | |
| Section IV: Linkages with Health Facility | | |
| <i>Observe the location of the shelter in relation to the health facility (BEmONC). Ask the manager or HF representative about the location of a CEmONC-capable facility (i.e. a referral hospital) and the emergency transport system.</i> | | |
| 51. Is the shelter nearby the health facility? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) | |
| 52. If needed, could a woman get to CEmONC within 2 hours? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> NA/CEmONC (2) | <i>Why/why not?</i> |
| 53. Does the health facility have a transport system identified for referrals? | <input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> NA/CEmONC (2) | If (0) or (2), skip to 54 |
| 54. What is the mode of referral transportation and availability? | | |

END OF SURVEY